

Impact of Parents' Wartime Military Deployment and Injury on Young Children's Safety and Mental Health

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ABSTRACT

“Objective: Children are at risk for adverse outcomes during parental military deployments. We aim to determine the impact of parental deployment and combat injury on young children's postdeployment mental health, injuries, and maltreatment. *Method:* This is a population-based, retrospective cohort study of young children of active duty military parents during fiscal years (FY) 2006-2007, a high deployment period. A total of 487,480 children, 3 to 8 years of age, who received Military Health System care, were included. The relative rates of mental health, injury, and child maltreatment visits of children whose parents deployed and children of combat-injured parents were compared to children unexposed to parental deployment. *Results:* Of the included children, 58,479 (12%) had a parent deploy and 5,405 (1%) had a parent injured during deployment. Relative to children whose parents did not deploy, children of deployed and combat-injured parents, respectively, had additional visits for mental health diagnoses (incidence rate ratio [IRR] = 1.09 [95% CI = 1.02-1.17], IRR = 1.67 [95% CI = 1.47-1.89]), injuries (IRR = 1.07 [95% CI = 1.04-1.09], IRR = 1.24 [95% CI = 1.17-1.32]), and child maltreatment (IRR = 1.21 [95% CI = 1.11-1.32], IRR = 2.30 [95% CI = 2.02-2.61]) postdeployment. *Conclusion:* Young children of deployed and combat-injured military parents have more postdeployment visits for mental health, injuries,

and child maltreatment. Mental health problems, injuries, and maltreatment after a parent's return from deployment are amplified in children of combat-injured parents. Increased preventive and intervention services are needed for young children as parents return from deployments. Child health and mental health providers are crucial to identification of these at-risk children to ensure effective care provision.”

RESEARCH HIGHLIGHTS

- Periods of parental deployment have been associated with increased child mental health problems, injuries, and child maltreatment. Problems in child behavior, health, parent-child bonding, and child neglect have been linked with parental physical and mental illness. Studies have not examined the mental and physical health of military connected children in the period following parental deployment returns. There is also a dearth of research on the impact of parental combat injuries on children. This study addresses these gaps through the examination of deployment-related child well-being and mental health problems and in young children with a recently returned parent, some of whom had experienced combat injuries.
- This study compares the rates of mental health visits, injury visits, and child maltreatment visits for young children (ages 3-8) of previously deployed/uninjured and previously deployed/injured military parents, as compared to young children of military parents who have not been deployed. The researchers found that the increased risk for mental health problems identified as occurring during parental deployment persists and even increases, after a parent returns from deployment. Risk is further increased if the parent has been injured (mentally or physically) in combat.
- Findings indicate that children of deployed parents might experience ongoing challenges and risks related to their parent's deployment that are not ameliorated upon parental return. Children of deployed parents (injured and uninjured) had higher rates of visits for mental health concerns and post-deployment child maltreatment than children of nondeployed parents. In addition, children of injured parents had higher rates of visits for child injuries post-deployment.

IMPLICATIONS

FOR PRACTICE

Given that deployment-related issues continue to impact young children after parent's return, military members, civilian spouses, extended family, and community caring systems should continue to provide supportive care to young children after military parents return. While this research only explored deployments during a one-year period, results suggest that children whose parents experience multiple extended deployments may have increased difficulties. In addition, the research found that the negative outcomes were increased in younger children, emphasizing the importance of parents working to remain emotionally close with young children despite physical distance. Providers, teachers, and others caring for children of deployed and returning service members should understand that the post deployment period remain a time of increased risk for families and children. Increased vigilance on the part of providers, teachers, and others involved with military families might result in better identification of children and families at risk for maltreatment, injury, and mental health problems. Early identification of families at risk and provision of appropriate services may help to ameliorate deployment related risk for young children. Pediatricians, psychiatrists, and psychologists serving military-connected children should understand deployment-related issues for both children and parents. To better serve children during each stage of deployment, clinicians should ask about deployment schedules, parent health/injury status, concerns, challenges, and coping strategies.

FOR POLICY

The DoD has tools to help families prepare for impending deployments, but there are few post-deployment and reunification tools. The DoD and policymakers should encourage development of more prevention and intervention programs tailored to military families in the post-deployment period. Programs and services for families of injured veterans receiving care at tertiary care facilities specializing in treatment of combat injuries are of particular importance as these families are often away from their homes, extended families and other supportive networks. Such programs might include information for parents on how to talk to young children about expectations, changes, and parental injury after deployment, coping strategies for military parents and civilian parents, and ways to improve parent-child bonds. Child level programs and services could help children to understand that they are not alone in their experiences and help them to know parents' love and care remain unchanged by deployment and injury. Policymakers might create programs to give military families direct access to on demand mental and physical health services in the post deployment period. The researchers suggest that policymakers allocate funds to further research the ongoing consequences of parental deployments on children, and fund services that promote resilience in these children and families.

FOR FUTURE RESEARCH

Longitudinal studies capable of looking at military children and families over time, and examining multiple deployments and deployments of extended length, short between deployment periods, and effects of different types of parent injury (physical versus mental) on child and family functioning are needed to better understand the impact of war-time military service on children. Research on families with combat injured parents are particularly important. Protective factors, that promote resiliency need to be identified, and where possible promoted, to decrease child mental health problems and child maltreatment. Programs that promote resilience in children and parents, must be identified and invested in. This study is limited by the use of ICD-9 codes, which providers may use incorrectly. ICD-9 coding of child maltreatment is limited to cases where a provider identifies maltreatment or child protective services mandates medical intervention, which would over-represent severe child abuse and exclude less serious maltreatment. Future researchers might supplement the information in this study by using child protective services reports, or surveying parents and children. This study covered a two-year period, with a requirement that one year be postdeployment. This removed 150,000 eligible military children from the study. Future research should cover longer and multiple deployments. This study was unable to identify dual military families as well as pre-existing mental health conditions of parents. Future studies should survey parents about their mental health or access medical records for parents. Since the sample included younger children (aged 3 to 8), clinicians might be hesitant to diagnose them with mental health problems. Mental health assessments be completed by parents children might better measure sub-clinical child mental health problems. Future researchers should studies should also include older children since some mental health symptoms might not begin or show until adolescence, and parental deployment and injury likely impacts children differently as they age.

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